M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06485

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH
COUNTY Queen Annie MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
LENGTH OF STAY (in this place) 2 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Queen Annie
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) RICHARD (Last) BULLEN

4. DATE OF DEATH (Month) June (Day) 15 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug 29-1880
9. AGE last birthday 69 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Railroad, Station Lead
11. BIRTHPLACE (State or foreign country) Stevensville Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Bullen
14. MOTHER'S MAIDEN NAME Elizabeth Weston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Charles Thomas Grasonville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	3 hrs.
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Sclerotic Heart disease	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1950, to 6/15, 1950, that I last saw the deceased alive on 6/15, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Stevensville Md DATE SIGNED 6/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 18-50
NAME OF CEMETERY OR ~~CREMATORY~~ Stevensville
LOCATION (City, town, or county) Stevensville (State) Maryland

DATE REC'D BY LOCAL REG. June 18-1950
REGISTRAR'S SIGNATURE Helen M. Aldridge
24. FUNERAL DIRECTOR Barton Bros, Centreville ADDRESS Maryland

15647

RECEIVED
JUN 22 1950
BUREAU

06486

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH· COUNTY Queen Anne MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE MARYLAND COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) EDWARD	(Last) BUTLER	4. DATE OF DEATH	(Month) June	(Day) 29	(Year) 1950
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Sept 25-1881	9. AGE last birthday 68 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Salesman	10b. KIND OF BUSINESS OR INDUSTRY Grain & Feed	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME James E. Butler	14. MOTHER'S MAIDEN NAME Eleanor Walton						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 215-20-0767	17. INFORMANT Frances E. Butler Sudlersville					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153 X Immediate cause (a) Intestinal Hemorrhage

46a Antecedent cause(s) (b) Prob. - Carcinoma of Cecum

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia - Asthenia

19a. DATE OF OPERATION NO	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) NO	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) NO m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29 1950, to June 29, 1950, that I last saw the deceased alive on June 29, 1950, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. McIntosh	M.D.	Sudlersville	4/29/50

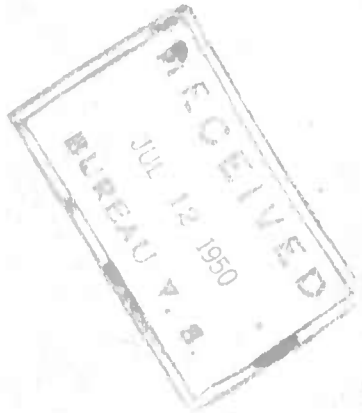
23. BURIAL, CREMATION REMOVAL (Specify)	DATE July 2	NAME OF CEMETERY OR CREMATORY Centreville	LOCATION (City, town, or county) Centreville	(State) Md
DATE REC'D BY LOCAL REG. June 29	REGISTRAR'S SIGNATURE Edgar L. Lane	24. FUNERAL DIRECTOR Edgar L. Lane	ADDRESS Church Hill	

27860

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
JUL 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06487

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Romancoke | LENGTH OF STAY (In this place) Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Claiborne.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Irving (Middle) C (Last) Cockey
4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH: Aug. 12-1878
9. AGE last birthday: 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manufacturers Agent
10b. KIND OF BUSINESS OR INDUSTRY: Supply
11. BIRTHPLACE (State or foreign country): Claiborne Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Cockey
14. MOTHER'S MAIDEN NAME: Sarah K. Timms
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs Irving Cockey (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Occlusion (Suddenly)

940a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) He had a Coronary occlusion 3 yr ago
(c) Has been ailing over since.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, ~~Inquiry~~ ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
W. Henry Fisher M.D. Deputy Med Exam 2-4 Co Md | Centreville Md | 6/23/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6/26/50 | NAME OF CEMETERY OR CREMATORY Family Plot Maplehill | LOCATION (City, town, or county) Claibourne | (State) Md.

DATE REC'D BY LOCAL REG. June 26, 50 | REGISTRAR'S SIGNATURE Elizabeth Hopper | 24. FUNERAL DIRECTOR Newnam & Harrison | ADDRESS St. Michaels Md

27860

RECEIVED
JUL 5 1960
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS A15

06488

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Centreville - Md.

3. NAME OF DECEASED (Type or Print) (First) MILLIE (Middle) MARIA (Last) COOPER
4. DATE OF DEATH (Month) June (Day) 29 (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct 15-1863
9. AGE last birthday 86 yrs. If under 1 year: Months 8, Days 14; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housecoffe
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Centreville - Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Pierce
14. MOTHER'S MAIDEN NAME Mary Tilden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Daniel Cooper, Centreville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart

450.0 Antecedent cause(s)

950 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis + Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

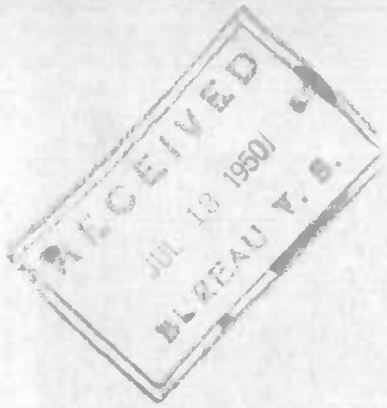
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1940, to 6/29, 1950, that I last saw the deceased alive on 6/20, 1950, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE H. F. McPherson (Degree or title) ADDRESS Centreville, Md DATE SIGNED 7/31/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 3-50
NAME OF CEMETERY OR CREMATORY Burrinsville, Md
LOCATION (City, town, or county) Burrinsville (State) Md

DATE REC'D BY LOCAL REG. 7/3/50
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Barton Bros. ADDRESS Centreville, Md


RECEIVED
JUL 13 1950
BUREAU T. S.

06489

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingstown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown R R
STREET ADDRESS (If rural, give location) Md

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ella (Last) Kersey

4. DATE OF DEATH (Month) June (Day) 26. (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH Jan. 8. 1871

9. AGE last birthday 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Housework

11. BIRTHPLACE (State or foreign country) Kent Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Wesley Coleman

14. MOTHER'S MAIDEN NAME Sarah Temperance Apsley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Mrs. John Tomey Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

526x Immediate cause (a) Chronic Myocarditis — 3 years

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchiectasis — 10 years

(c) Frequent Pulmonary Hemorrhages — 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Esophageal Varicis — 3 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to June, 1950, that I last saw the deceased alive on June 26, 1950, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE Frank W Lunett (Degree or title) — ADDRESS Chestertown Md — DATE SIGNED June 27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Jun. 29, 1950 — NAME OF CEMETERY OR CREMATORY Stevensville Cem. — LOCATION (City, town, or county) (State) Stevensville, Md.

DATE REC'D BY LOCAL REG. June 27 — REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. — ADDRESS

52086

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1950
BUREAU V. S.

06490

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Centreville Md
LENGTH OF STAY (in this place) a few hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kennedyville COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Kennedyville Md. ✓

3. NAME OF DECEASED (Type or Print) (First) Allen (Middle) Simmons (Last) King
4. DATE OF DEATH (Month) June (Day) 25 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Aug. 13 1932
9. AGE last birthday 17 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm work
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Kennedyville Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Homer Nelson King
14. MOTHER'S MAIDEN NAME Eliz. Rile Jewell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. —
17. INFORMANT Wm King (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a) Drowning (accident)

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Jumped off boat to swim ashore

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. Henry Fisher M.D. (Degree or title) Deputy Med Exam for Q.A.Co ADDRESS Centreville Md DATE SIGNED 6/27.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 29, 1950
NAME OF CEMETERY OR CREMATORY Chester
LOCATION (City, town, or county) Chestertown (State) Md.
DATE REC'D BY LOCAL REG. June 28
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR B. R. Fellows ADDRESS Still Pond, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JUL 12 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06491

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Phillips

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1958

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: June 28-1942

9. AGE last birthday: 8 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School girl

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Ridgely Md (Hospital)

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm C. Phillips

14. MOTHER'S MAIDEN NAME: Elizabeth Baxter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Wm C Phillips (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured Skull - run over by truck

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) + skull crushed +

170c (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Sudlersville-R. 4 (COUNTY) (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): June 28 1958. 5:30 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Run over by truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Emory Fisher M.D. Deputy Med Exam Q.A.Co Centreville Md 6/28/58

23. BURIAL CREMATION REMOVAL (Specify): DATE THEREOF: June 30; NAME OF CEMETERY OR CREMATORY: Sudlersville; LOCATION (City, town, or county) (State): Sudlersville Md.

DATE REC'D BY LOCAL REG.: June 28; REGISTRAR'S SIGNATURE: Edgar L. Lane

24. FUNERAL DIRECTOR: Edgar L. Lane ADDRESS: Church Hill

VS. A15A

RECEIVED
JUL 12 1950
BUREAU V. S.

06492

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville (Rural) LENGTH OF STAY (in this place) 49 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Robertha (Last) Roberts

4. DATE OF DEATH (Month) June (Day) 9th (Year) 1950

5. SEX female

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH June 13. 1900

9. AGE last birthday 49 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework

10b. KIND OF BUSINESS OR INDUSTRY housework

11. BIRTHPLACE (State or foreign country) Stevensville

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME William Hoaney

14. MOTHER'S MAIDEN NAME Annie Ella Louise Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Annie E. Hoaney, Stevensville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155x Immediate cause (a) Adeno-carcinoma of liver — about 4 years

Antecedent cause(s)

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastases in — about

(c) intestines — 2 to 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION April 1947.

19b. MAJOR FINDINGS OF OPERATION primary adeno-carcinoma of liver

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1947, to June 9, 1950, that I last saw the deceased alive on June 9th, 1950, and that death occurred at 7 45 p.m., from the causes and on the date stated above.

SIGNATURE Theodor Tattelmaier (Degree or title) M.D. ADDRESS Stevensville Md. DATE SIGNED June 9. 1950

23. BURIAL, CREMATION REMOVAL (Specify) burial DATE June 12 NAME OF CEMETERY OR CREMATORY Stevensville LOCATION (City, town, or county) Stevensville (State)

DATE REC'D BY LOCAL REG. June 10-50 REGISTRAR'S SIGNATURE Elizabeth Hopter

24. FUNERAL DIRECTOR L H Bayneum ADDRESS Cambridge Md

52086

RECEIVED
JUN 13 1950
BUREAU U. S.

06493

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) 2 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q.A. Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ✓
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) ELIZA (Last) SLAUGHTER
4. DATE OF DEATH (Month) June (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 2 - 1882
9. AGE last birthday 67 yrs. If under Months 11 1 year Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Talbot Co - Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John M. Callahan
14. MOTHER'S MAIDEN NAME Eliza Anne Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If year, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS Mrs R. E. Morris - 880 S. State, Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 1950, to 6-10, 1950, that I last saw the deceased alive on 6-10, 1950, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. F. McPherson ADDRESS Centreville Md DATE SIGNED 6/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 13-50
NAME OF CEMETERY OR CREMATORY Springhill Cemetery
LOCATION (City, town, or county) (State) Easton, Md

DATE REC'D BY LOCAL REG. 6/12/50
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Baxton Bros. ADDRESS Centreville, Md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

RECEIVED
JUN 21 1950
BUREAU V. S.

06494

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY S.A.Co Home Ruthsburg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruthsburg-nr Centreville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS S.A.Co Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY R.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jesse (Middle) Smallwood (Last)

4. DATE OF DEATH (Month) 6 (Day) 4 (Year) 50 19

5. SEX M

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH about 1905

9. AGE last birthday 44 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Laborer

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? Ur

13. FATHER'S NAME Jesse Smallwood

14. MOTHER'S MAIDEN NAME Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Mrs. Wm B. Quimby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Tubular disease of the Mult

450.0 Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1940, to June, 1950, that I last saw the deceased alive on 6/8, 1950, and that death occurred at 6½ A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. F. McPherson M. D. Centreville 6-10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 6-10-50

NAME OF CEMETERY OR CREMATORY S.A.Co. Home

LOCATION (City, town, or county) Ruthsburg (State) Md

DATE REC'D BY LOCAL REG. 6-10-50

REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR Mrs. Wm B. Quimby

ADDRESS Centreville Maryland - R.R.

98899

RECEIVED
JUN 21 1950
U. S. PATENT
BUREAU